



## FEE TRANSMITTAL

## BOX PATENT APPLICATION

Complete If Known

Application No.	09/678,313
Filing Date	October 3, 2000
First Named Inventor	Christopher BLENK
Examiner Name	Catherine Colon
Group Art Unit	3623
Total Amount Of Payment (\$)	73.00
Attorney Docket No.	58259.000002

## METHOD OF PAYMENT (check one)

## FEE CALCULATION (continued)

1. ☐ The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 50-0206

**RECEIVED**  
APR 21 2004  
**GROUP 3600**

2. ☒ Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 50-0206 in the name of Hunton & Williams, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

## FEE CALCULATION

1. BASIC FILING FEE ☐ Large Entity ☒ Small Entity

## FEE PAID

Utility Filing Fee	\$
Design Filing Fee	\$
Plant Filing Fee	\$
Reissue Filing Fee	\$
Provisional Filing Fee	\$

## 3. ADDITIONAL FEES

Fee Description	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	\$
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input checked="" type="checkbox"/> One Month Extension of Time	\$ 55.00
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input type="checkbox"/> Submission of Information Disclosure Statement	\$
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$
<input type="checkbox"/> Filing Request for Reexamination	\$
<input type="checkbox"/> Other (specify) _____	\$

## 2. EXTRA CLAIMS FEES

## CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS	36	34	2	x \$ 18.00	x \$ 9.00	\$ 18.00
INDEPENDENT CLAIMS	2	3	0	x \$ 86.00	x \$ 43.00	\$
MULTIPLE DEPENDENT CLAIMS				\$ 280.00	\$ 0.00	\$
TOTAL EXTRA CLAIMS FEES						\$ 18.00

## SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Brian M. Buroker

Registration No. 39,125

Signature

Date

April 19, 2004